STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		175517				05/02/2014	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SWEET LIFE AT BROOKDALE PLACE			12000 LAM OVERLAND	AR D PARK, KS 6	6209		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
S 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation KS#74431.			S 000			
S1360 SS=E				S1360			
	The facility identified The sample included observation, record re facility failed to provid between 98 to 120 de	not met as evidenced to a census of 98 resident 20 residents. Based or eview, and interview the de water temperatures egrees Fahrenheit (F) of days onsite of the surve	ts. n e n 2 of				
	Findings included: - Environmental tour on 4/28/14 between 9:59						

If deficiencies are cited, an approved plan of correction is requisite to continued program participation. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATE FORM JF2Z11 If continuation sheet 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
17551				B. WING		05/0	05/02/2014	
NAME OF PROVIDER OR SUPPLIER SWEET LIFE AT BROOKDALE PLACE			12000 LAM	T ADDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	(X5) COMPLETE DATE			
S1360	Continued From Page 1 A.M. to 10:21 A.M. with maintenance staff BB revealed the following: The hot water on the 300 hallway in 4 of the residents' rooms had hot water temperatures of 79.9 degrees (F), 84.2 F, 97.5 F, and 95.6 F. The hot water on the 400 hallway in 9 of the residents' rooms had hot water temperatures of 94.2 F, 94 F, 91.2 F, 91.2 F, 93.2 F, 97.7 F, 95.6 F, 96.8 F and 96.6 F. Observation on 4/28/14 at 10:30 A.M. an unknown resident approached maintenance staff BB with a complaint her/his water was not hot during her/his shower. Throughout the environmental tour on 4/28/14 maintenance staff BB acknowledged the above concerns. The revised policy and procedure dated 12/2009 titled Safety of Water Temperatures revealed water heaters that service resident rooms, bathrooms, common area, and tub/shower areas would be set to temperatures of no more that 98 degrees F or maximum allowable temperature per state regulations. The facility failed to provided hot water between 98 to 120 degrees F for resident rooms on the 300		s of s of s of 95.6 known with a ner/his 14 bove 2009 d areas at 98 are per	S1360				
S1364 SS=E	(3) Each electrical cir equipment in hydroth ground-fault circuit in	- Electrical requirement rcuit to fixed or portable nerapy units shall have nterrupter.	a	S1364				

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATE FORM 021199 JF2Z11 If continuation sheet 2 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
1755		175517		B. WING		05/02/2014			
NAME OF PROVIDER OR SUPPLIER SWEET LIFE AT BROOKDALE PLACE			12000 LAM	STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	(X5) COMPLETE DATE			
\$1364	The facility reported a census of 98 residents Based on observation, record review, and interview, the facility failed to have a hydrocuplugged into a ground fault circuit interrupter electrical outlet for 2 of 4 days onsite of the survey. Findings included: - Observation on 4/22/14 at 3:30 P.M. reveat the physical therapy (PT) hydroculator was plugged into a standard electrical outlet. Observation on 4/28/14 at 10:10 A.M. with maintenance staff BB revealed the PT hydroculator was plugged into a standard		ulator r	S1364					
	maintenance staff E should be plugged interrupter electrica. The undated policy Hydroculator Heatin revealed staff shou hydroculator was elit into a hospital graground terminal recommendation. The facility failed to	and procedure titled ng Units Safety Precaution Id make certain the lectrically grounded by plade electrical outlet with a	ons ugging a						

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATE FORM JF2Z11 If continuation sheet 3 of 3